

Revision: HCFA-PM-97-2
December 1997

SUPPLEMENT 12 TO
ATTACHMENT 2.6-A
Page 1
OMB No.:0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

TN No. _____
Supersedes _____
TN No. _____

Approval Date _____

Effective Date _____